DEPARTMENT POLICY

FAP Only

A food assistance worksheet must be completed at initial application and at each redetermination for all approvals, denials and closures made on the basis of income. In addition, the worksheet is used to document changes in assets, income and expenses, and to document supplemental benefits. The worksheet is not needed to document withdrawn requests or applications as this documentation appears on form DHS-1171, Assistance Application/ Redetermination and/or DHS-1010, Redetermination.

Specialists must use the automated food assistance budget (Bridges) to complete the required worksheet whenever possible.

Note: Categorically eligible groups automatically meet asset and income limits for food assistance; see BEM 213, FAP Categorical Eligiblity.

COMPLETING THE DHS-2242, FOOD ASSISTANCE PROGRAM WORKSHEET

Complete the DHS-2242, Food Assistance Worksheet in the following manner:

1. Complete the standard ID box (upper right-hand corner).

2. Go to the Action box located left of the standard ID box.

   • Check New if the worksheet is being prepared for an initial application.

   • Check Redet. if the worksheet being prepared is for a redetermination.

   • Check Change if the worksheet is being prepared as the result of a change.

3. Complete the Case Type section.

- Check PA or Non PA box **and** Categorical Food Assistance.

- Check Senior/Disabled/Veteran or Non-Senior/Disabled/Disabled Veteran.

4. Enter the number in the Food Assistance Group section.

   Note: If the group is categorically eligible, note on the worksheet "Categorically Eligible based on authorization for Domestic Violence Comprehensive Services."

5. Complete the Asset section of the worksheet. If the FAP group does not meet the asset limit, deny FAP benefits.

6. Complete the Income Calculation section.

   Note: Individual calculations used to arrive at each income and expense figure for lines 1 through 35 must be clearly documented in the Remarks section, unless otherwise indicated. Cents are included in the computation for each person's earned income then dropped before totaling the group's gross earned income. The same computation is completed for each person's unearned income. No cents are involved when totaling the final group amounts to enter on lines 3 and 6. Complete the income calculation to determine the benefit amount.

   Line 1-   Enter monthly self-employment Income minus allowable farm income loss. Round the monthly amount down by dropping all cents from the final figure. If farm income loss exceeds self-employment income, enter zero and record any remaining farm income loss in the Remarks section for use in line 10.

   Line 2-   Calculate the countable total of all other monthly earned income. Use the **EARNED INCOME WORKSPACE** or clearly document the calculation in the Remarks section. List each source of earned income and the verified gross income used as the basis of the calculation. Then, determine the countable monthly amount for each source, and enter it in the Monthly Amount column.

   Line 3-   Self-explanatory.

Line 4- Enter the amount from line I5 of the DHS-1172, FIP/SDA Worksheet or the FIP/SDA Automated Worksheet. Subtract the amount of shelter vendor payments made for temporary housing; see the first exception in BEM 500, Government Aid.

Line 5- Total the countable monthly amount of other unearned income, RSDI, SSI, UCB, retirement benefits, etc.

Line 6- Self-explanatory.

Line 7- Determine the amount of Total Countable Income by adding the amount from line 3 to the amount from line 6 and deducting any remaining allowable farm income loss (see line 1.)

Note: For non-Senior/Disabled/Disabled Veteran groups who are not categorically eligible ONLY if the amount on line 10 exceeds the gross income maximum in RFT 250, FAP Income Limits, deny benefits.

Line 8- Enter 80% of the amount on line 3. Drop cents; see RFT 295, Combined Budget Tables.

Exception: Do not allow the 20% earned income deduction when determining overissuances due to failure to report earned income; see BAM 720, Intentional Program Violation):

- For IPV overissuances issued in or after October 1987.
- For client error overissuances issued in or after September 1996.

Line 9- Enter the amount from line 6.

Line 10- Determine the amount of gross income by adding the amount from line 8 to the amount from line 9 and deducting any remaining allowable farm income loss. (see line 1.)

Line 11- Enter standard deduction; see RFT 255.

Line 12- Self-explanatory.

7. Complete Medical Expenses Calculation.

Note: For non-Senior/Disabled/Disabled Veteran groups, enter 0 on line 14. Go to line 17. For Senior/Disabled/Disabled Veteran groups, complete lines 13-16.

Line 13- Total allowable monthly medical expenses. Round down if cents are 01-49, round up if cents are 50-99. Enter total.

Line 14- Enter $35.00 medical deduction.

Line 15- Self-explanatory.

Line 16- Self-explanatory.

8. Complete Dependent Care Calculation.

Line 17- Enter allowable monthly dependent care costs. Round down by dropping cents.

Line 18- Enter Dependent Care Maximum; see RFT 255.

Line 19- Self-explanatory.

9. Complete Child Support Expenses Calculation section.

Line 20- Enter allowable monthly child support expenses. Drop cents after totaling.

Line 21- Self-explanatory.

10. Complete Shelter Expense Calculation section.

Line 22- Enter allowable monthly shelter costs (rent, mortgage, taxes, insurance, etc.). Use exact amount including cents.

Line 23- Enter heat/utility standard if expense is separate from shelter; see RFT 255. Go to line 32.

Line 24- Enter non-heat electric standard if applicable; see RFT 255.

Line 25- Enter water/sewer standard if applicable; see RFT 255.

Line 26- Enter telephone standard if applicable; see RFT 255.

Line 27- Enter cooking fuel standard if applicable; see RFT 255.

Line 28-   Enter trash/garbage removal standard if applicable; see RFT 255.

Line 29-   Enter actual utilities expense. Enter monthly amount for initial heat or utility installation, or well/septic installation and/or maintenance if applicable.

Line 30-   Add lines 22 - 29. Round down if cents are 01 - 49, round up if cents are 50 - 99.

Line 31-   Divide the amount on line 21 by 2 and enter the result. Drop cents.

Line 32-   Subtract line 31 from line 30 Excess Shelter.

Line 33-   For Non-SDV groups enter the shelter maximum; see RFT 255.

Line 34-   Enter the lesser of line 32 or line 33 for non-SDV. Enter line 32 for SDV.

Line 35-   Self-explanatory.

Note: 1: If the amount on line 35 exceeds the maximum monthly net income, deny benefits; see RFT 250 deny benefits.

11. Complete Benefit Calculation; see RFT 260, Food Assistance Issuance Tables. For FAP group size 8 or less, go directly to line 41.

Line 36-   Enter the amount of benefits the FAP group would receive if it had "0" income; see RFT 260.

Line 37-   Multiply line 35 by .3 (30%) and enter the result. Round up if cents are 01-99.

Line 38-   Self explanatory. If amount is zero, deny benefits or close the program except for recoupment situations or in the case of temporary ineligibility.

Note: If the benefit is reduced to zero due to recoupment, the Food Assistance case must remain active with zero benefits as long as all other eligibility criteria are met.

Line 39-   It is **not** necessary for the specialist to compute the initial benefit amount. Initial benefits will be determined by Bridges based on the input of monthly data begin code and begin date for the case. If an initial benefit amount is needed for emergency issuance, it can be obtained at the time of the Bridges entry.

If benefits require proration and Bridges is **not** accessible, use the following formula: Multiply the monthly benefits by the number of days remaining in the month including the application date. Divide this amount by the total number of days in the month. Drop cents. If the amount is less than $10.00, the FAP group will **not** receive an initial benefit. (This applies to initial benefits only.)

Line 40-   If the case is on administrative recoupment, enter amount. Drop cents when calculating AR benefit reduction amount.

Line 41-   Subtract line (40) from (38).

12. Complete the Action box - Approved/Denied.

- Decision - check whether Food Assistance benefits were approved or denied. (Denied is checked if a change results in closure.)

- Benefit Period - Indicate the month(s)/year(s) of the benefit period.

- Effective Date - For approval of an application filed during any period a FAP group was not certified for benefits, the effective date is one of the following:

  •• The date of application if the group is eligible for the application month and benefits are to be prorated (even if the benefit amount prorates to zero).

  •• The first day of the application month for a migrant/seasonal farmworker group that received FAP benefits in the month before the application month (this will prevent proration of benefits on Bridges).

•• The first day of the month following the application month if the group is **not** eligible for the month of application but is eligible in the next month.

•• The actual date the group complies with all application eligibility requirements if the application was delayed beyond the 30-day standard of promptness and the group was at fault for the delay.

This effective date indicates whether the FAP group should be authorized full or prorated benefits for the first month of eligibility.

For approval of an application filed during a current benefit period, the effective date is the first day of the month of the new benefit period.

For a change **-** The effective date is the first day of the month that a change is reflected in the FAP group's issuance.

Note: Do **not** confuse the budget effective date with the begin date.

LEGAL BASE

7 CFR 273.10